

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 - 1955

State File No. 18743-2599

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 45 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				e. STREET ADDRESS (If rural, give location) 300 A. W. 8th 31280					
3. NAME OF DECEASED (Type or Print) Margaret		a. (First) J.		b. (Middle) Johnson		c. (Last)			
4. DATE OF DEATH		(Month) 6		(Day) 17		(Year) 1955			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July 2-1897			
9. AGE (in years last birthday) 62		10. UNDER 1 YEAR Months Days		11. UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Rackwood		13b. MOTHER'S MAIDEN NAME Unkramer		14. NAME OF HUSBAND OR WIFE Edward Johnson		ADDRESS 809 N. Kansas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Pearl Gardner		ADDRESS 809 N. Kansas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute military tuberculosis ANTECEDENT CAUSES DUE TO (b) Tuberculosis meningitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 010X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from June 1, 1955, to June 17, 1955, that I last saw the deceased alive on June 17, 1955, and that death occurred at 9:40A m., from the causes and on the date stated above.									
23a. SIGNATURE B.I. Burns		(Degree or title) M.D.		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 6-17-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/20/1955		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery, Kansas City, Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 6-18-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.N. Blackman & Son K.C. Mo					

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Best B. Bannister*

Licensed Embalmer No. *465*

P. O. Address *H. C. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.